

Saskatchewan Influenza Immunization Policy



September 2025

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DISCLAIMER

Content within the *Saskatchewan Influenza Immunization Policy* ('SIIP') is presented for health sector purposes only. The SIIP is subject to change and the Government of Saskatchewan reserves the right to update the content. It is important that the most current annual version of the SIIP is being used by immunizers administering publicly funded influenza vaccines.

- All providers of publicly funded influenza vaccine are responsible for reviewing the SIIP and other influenza-related materials prior to the start of the influenza vaccine administration season.

The SIIP is presented with the intent that it is readily available for non-commercial, informational use by health care providers involved in the distribution and administration of publicly funded influenza vaccine and is not intended for the public. Except where prohibited, the SIIP may be reproduced, in part or in whole and by any means without charge or further permission from the Government of Saskatchewan, if users exercise due diligence in identifying the SIIP and the Government of Saskatchewan as the source.

ACRONYMS

AHA	Athabasca Health Authority	ORS	Oculorespiratory Syndrome
AEFI	Adverse Events Following Immunization	PHB	Population Health Branch
CCB	Cold Chain Break	PIP	Pharmaceutical Information Program
CMHO	Chief Medical Health Officer	POS	Point of Service (documentation)
CQE	COVID Quick Entry database	PVD	Provincial Vaccine Depot
DPEBB	Drug Plan and Extended Benefits Branch	PWD	Pharmacy Wholesale Distributor
eHR	Electronic Health Record	PSPC	Public Services and Procurement Canada
FNJ	First Nations Jurisdiction	QIV	Quadrivalent influenza vaccine
GBS	Guillain-Barré Syndrome	RRPL	Roy Romanow Provincial Laboratory
HSN	Health Services Number	SHA	Saskatchewan Health Authority
HCW	Healthcare Worker	SIIP	Saskatchewan Influenza Immunization Policy
LTC	Long-term Care	SIM	Saskatchewan Immunization Manual
MHO	Medical Health Officer	VSWG	Vaccine Supply Working Group
NACI	National Advisory Committee on Immunization		

DEFINITIONS

Client	Individuals six months of age and older who are eligible for publicly funded influenza vaccine.
Cold Chain Management	The process that maintains optimal temperature and light conditions during the transport, storage, and handling of vaccines. This starts at the manufacturer and ends with the administration of the vaccine to the client.
Congregate Living Settings	Congregate Living Settings are defined as for profit or not-for-profit public or privately owned buildings (e.g., which house residents who may have mobility, accessibility and/or cognitive challenges). They may or may not be licensed by the Government of Saskatchewan. These settings do not receive contracted or ongoing services from public health or other AHA, SHA, or FNJs health practitioners, and have no operational affiliation to the AHA, SHA, or FNJ (i.e. are not an AHA, SHA, FNJ or affiliate facility). Examples of congregate living settings include assisted living/seniors independent housing and group homes.
First Nations Jurisdictions	Includes the communities and organizations affiliated with Indigenous Services Canada and the Northern Inter-Tribal Health Authority.

Group Homes	Residences where staff support individuals that may have physical, emotional, social or intellectual disabilities. Personal care, supervision, and support for adults is provided.
Healthcare Worker	For statistical purposes only, HCWs are those employed by the SHA, AHA, and FNJ facilities or affiliated facilities and does not include volunteers, students, physicians, and community pharmacists.
Health Services Number	The unique identifier assigned by Saskatchewan Health for identification within Saskatchewan's health system. A HSN is assigned to a person upon registration and presumes eligibility for basic health services as defined by Saskatchewan Health.
Home Visits	The intent of off-site home visits is to provide enhanced accessibility to those patients at high-risk of influenza-related complications and who may have mobility issues or cognitive deficits.
Long-term Care Facility	A facility that provides LTC services to meet the needs of individuals, usually with heavy care needs (level three and four), that cannot be met through home-based/community services. The SHA may operate a special-care home-LTC facility directly or through affiliation/contract. LTC services may include adult day programs, night programs, respite, and rehabilitative, convalescent and palliative care.
Mass Immunization Clinic	Mass immunization involves delivering immunizations to many people in one location in a short interval of time. Mass immunization clinics are used to counter contagious outbreaks, adopted as a repeated means of sustained healthcare delivery, or applied where many people move through a specific place in a short interval of time. These clinics have additional staff and may be drop-in or by appointment.
Panorama	The electronic integrated public health information system utilized by AHA and SHA public health providers and community nursing providers in some FNJs.
Panorama Immunization Module	A module within Panorama that provides a record of all immunizations administered by public health. It serves as the electronic registry for immunization in Saskatchewan.
Panorama Inventory Module	A module within Panorama that tracks publicly funded vaccine use and availability. It supports management of vaccine ordering, shipping, receiving, and reconciliation.
Personal Care Homes (PCH)	Privately owned and operated facilities that offer accommodation, meals and supervision or assistance with personal care. It is the combination of providing both accommodation and care that makes a facility a PCH.
Pharmaceutical Information Program (PIP)	A secure computer application that provides health care providers with information regarding prescriptions dispensed in Saskatchewan community pharmacies.
Pharmacy Wholesale Distributors	A pharmacy wholesale distributor that has an agreement with the Saskatchewan Ministry of Health for the distribution of publicly funded influenza vaccine to pharmacists.
Privately Purchased Influenza Vaccine	Influenza vaccine purchased by pharmacies or prescribed by a pharmacist, physician, registered nurse (RN), or nurse practitioner (RN(NP)) and paid for by the client.
Provincial Vaccine Depot	The provincial vaccine depot is housed in the RRPL. Publicly funded influenza vaccine is received through the RRPL Provincial Vaccine Depot for further distribution across Saskatchewan.
Saskatchewan Immunization Manual	The primary immunization resource for public health personnel, the SIM provides evidence-based and standardized immunization-related information.
Vaccine Provider	A licensed healthcare provider to whom provision of vaccine is permitted by legislation governing that provider, complies with the SIIP, and meets one of the following criteria: <ul style="list-style-type: none"> • designated by the SHA, AHA and FNJs, and their affiliates, to provide influenza vaccine; • physicians and physician assistants; • nurse practitioners; or • community pharmacist (Note: the ministerial order for pharmacy students and pharmacy technicians has been extended until March 31, 2026).

INFORMATION FOR THE 2025-2026 INFLUENZA SEASON

- **October 14, 2025**, is the formal start date for all providers and mass public health clinics, providing vaccine is available.
- Immunization appointments or clinics for influenza vaccine should not be scheduled prior to the formal start date.
- Individuals attending a booked appointment for immunization services may be offered an influenza vaccine if supply is available.
- An extension to the flu vaccine administration season may be established by the CMHO in the event of increased disease presence or severe morbidity with influenza illness.

Publicly Funded Influenza Vaccines (refer to [Appendix 1](#)):

- Six months and older
 - multidose vials for public health within the SHA, the AHA and FNJs and other immunizers including community pharmacists.
 - thimerosal-free pre-filled syringes for SHA, the AHA and FNJs public health.
- 65 years and older
 - FLUAD prefilled syringes for public health within the SHA, the AHA and FNJs and other immunizers including community pharmacists.
 - FLUZONE® High Dose prefilled syringes for SHA, the AHA and FNJs public health to administer to those with a contraindication to FLUAD.

Reporting and Documentation Requirements:

- Timely and accurate inventory and dose administrative reporting must be prioritized to ensure provincial vaccine supply remains sufficient to meet public demand.
- Direct clients to [MySaskHealthRecord](#) for their immunization record.
- Community pharmacy influenza immunizations that are captured in the DPEBB claims system are transmitted to Panorama daily.
- Influenza vaccine administered by SHA immunizers to a person of any age must be entered into the client's record within the Panorama Immunization Module or CQE. The SHA will back enter influenza vaccine administered by SHA employees or contracted immunizers who do not have access to Panorama or CQE.
- LTC facility immunizations to residents are captured in Convergence and migrated to Panorama. **This includes influenza doses provided by public health nurses assisting with immunization in LTC facilities.**
- All other non-SHA employed/non public health vaccine providers are required to report immunization details for people of all ages to eHealth Services for back-entry into Panorama; see **Section 12: Client Record Documentation Requirements** for specific details. Publicly funded influenza vaccines entered into Panorama must identify the provider type (e.g., public health, physician, RN/NP) (see **Appendix 11**).

Vaccine Inventory

SHA, AHA and FNJs

- From September 29, 2025, to December 31, 2025, weekly influenza vaccine counts for the previous Sunday to Saturday period are required to be reconciled in the Panorama Inventory Module by noon the following Tuesday.
- From January 1, 2026, to March 31, 2026, monthly vaccine counts are required on the first Tuesday of each month.
- Timelines and frequency for vaccine inventory monitoring are subject to change by the Ministry of Health. More frequent inventory monitoring may be required.
- The SHA, AHA and FNJs must ensure that staff members are appropriately trained and compliant with ensuring the Panorama Inventory Module is up to date as per timelines outlined above.
- The 'pick/pack/ship' function of Panorama is utilized to move vaccines in/out of vaccine inventories so that vaccine counts remain accurate.

Wholesale Distributors and Pharmacies

- **For wholesaler distributors:**
 - From September 29, 2025, to December 31, 2025, weekly influenza vaccine counts for the previous Sunday to Saturday period are required to be emailed to the ministry by noon the following Tuesday.
 - From January 1, 2026, to March 31, 2026, monthly influenza vaccine counts are required by noon on the first Tuesday of each month.
- **For pharmacies:** The inventory reporting process is coordinated by the DPEBB using weekly reports from the wholesalers for the quantity of vaccine ordered and shipped to pharmacies, and from the DPEBB claims database.

1. PURPOSE

Influenza is a vaccine-preventable infection. The influenza immunization program offers a critical public health service and is available for anyone six months of age and older who does not have a contraindication to the vaccine. The provincial goal is to protect targeted populations such as the elderly, young children, pregnant individuals, and those living with chronic or immune-compromising conditions who are particularly vulnerable to influenza illness and its related complications.

Objectives:

1. Provide access to publicly funded influenza vaccine for Saskatchewan residents.
2. Reduce the incidence and impact of influenza disease in Saskatchewan.

All vaccine providers must work together to implement the SIIP. Collaboration, coordination, and communication among immunizers during all phases of the program (from vaccine distribution to front line administration to reporting of wastage) strengthen Saskatchewan's capacity to reduce the impact of influenza illness and contribute to the health and well-being of Saskatchewan residents.

2. LEGISLATIVE AUTHORITY

The SIIP is an established immunization policy of the Saskatchewan Ministry of Health.

3. NATIONAL RECOMMENDATIONS

- NACI's 2025-26 influenza statement is available at: <https://www.canada.ca/en/public-health/services/publications/vaccines-immunization/national-advisory-committee-immunization-statement-seasonal-influenza-vaccines-2025-2026.html>.

4. CLIENT ELIGIBILITY

- Individuals six months of age and older who do not have contraindications are eligible to receive publicly funded influenza vaccine (**see Table 1**).
- Publicly funded vaccines are not provided for private company/business employee health programs. Exceptions may be considered in consultation with the Saskatchewan Ministry of Health in the event of possible increased disease presence or severe morbidity related to influenza illness.
- It is expected that vaccine providers confirm client eligibility to receive vaccine prior to administration. Confirmation may be obtained by interviewing the client, reviewing the client's paper documentation and/or record within Panorama, the PIP and the eHR Viewer.

Table 1: Populations for Whom Influenza Vaccination is Particularly Recommended

The following people are highly recommended to receive an annual influenza vaccine to reduce the incidence and burden of influenza illness and related complications:

- HCWs, health care students, emergency response workers, visitors, and volunteers who, through their activities, are capable of transmitting influenza to those at high-risk of influenza complications in independent practices, facilities, residences, and community settings.
- Individuals ≥ 6 months of age with chronic health conditions, including but not limited to:
 - Cardiac or pulmonary disorders (including bronchopulmonary dysplasia, cystic fibrosis, and asthma)
 - Diabetes mellitus and other metabolic diseases
 - Cancer and immune-compromising conditions (due to underlying disease, therapy or both);
 - Renal disease
 - Anemia or hemoglobinopathies
 - Neurologic or neurodevelopmental disorders and seizure disorders (and for children include febrile seizures and isolated developmental delay)
 - Class 3 obesity (defined as body mass index of 40 kg/m^2 and over)
 - Children and adolescents (six months up to and including 17 years old undergoing long-term treatment with acetylsalicylic acid)
- Pregnant individuals.
- People of any age who are residents of Personal Care Homes, LTC facilities and other chronic care facilities.
- Seniors ≥ 65 years of age.
- Children six to 59 months of age (younger than five years old).
- Indigenous peoples.
- Individuals experiencing homelessness.
- Visitors to health care facilities and other patient care locations.
- Household and close contacts of high-risk individuals.
- Household and close contacts of infants younger than six months of age.
- Members of households who are expecting a newborn during the influenza season.
- Those providing regular childcare to children 0 to 59 months of age, whether in or out of the home.
- Those who provide services within closed or relatively closed settings to persons at high-risk (e.g., cruise ship and airline staff).
- People who provide essential community services.
- People whose occupational or recreational activities increase their risk of exposure to avian influenza A(H5N1) viruses.
- Health sciences students (human and animal health).
- Travellers – influenza occurs year-round in the tropics. In temperate northern and southern countries, influenza activity peaks generally during the winter season (November to March in the Northern Hemisphere and April to October in the Southern Hemisphere).

5. EDUCATION/TRAINING

Vaccine Information

- Fluzone[®], Fluviral, Fluad and Fluzone High Dose trivalent vaccines contain the following viral strains:
 - an A/Victoria/4897/2022 (H1N1) pdm09-like virus
 - an A/Croatia/10136RV/2023 (H3N2)-like virus
 - a B/Austria/1359417/2021 (B/Victoria lineage)-like virus
- Fluzone thimerosal-free pre-filled syringes are prioritized for people who self-identify as having diagnosed thimerosal allergy (documentation is not required). It may be administered to others who request it. It is only available to public health; other vaccine providers should refer clients requesting thimerosal-free vaccine to public health for administration.
- Influenza vaccines may be given concomitantly with any other vaccine except for H5N1 avian influenza vaccine, where a 6-week interval from any other vaccine is recommended by NACI solely as a precaution.
- The Ministry of Health does not reimburse the cost of privately purchased influenza vaccines even if recommended to a client by a healthcare professional.
- See **Appendix 1: 2025-26 Publicly Funded Influenza Vaccines** for vaccine specific information.
- The doses and dosages required per age are noted in **Table 2**.
- Additional influenza vaccine resources:
 - *Saskatchewan Immunization Manual*: <https://www.ehealthsask.ca/services/Manuals/Pages/SIM.aspx>
 - Saskatchewan Influenza Fact Sheets: <https://www.saskatchewan.ca/residents/health/accessing-health-care-services/immunization-services/immunization-forms-and-fact-sheets>

Screening, Precautions and Contraindications

- Infants less than 6 months of age.
- Persons who had an anaphylactic reaction to a previous influenza vaccine dose or to any of the components in a specific vaccine (with the exception of egg), or who developed Guillain-Barré Syndrome (GBS) within 6 weeks of a live or inactivated influenza vaccination, should not receive further doses of any influenza vaccines.
- Influenza vaccination should not be delayed because of minor or moderate acute illness, with or without fever.
- As with all vaccine administration, immunizers must have the necessary equipment and medications to be prepared to respond to a vaccine emergency, such as anaphylaxis.
- Egg-allergic individuals can receive a full dose of an injectable influenza vaccine without prior vaccine skin testing, including those who have experienced anaphylaxis due to egg ingestion, as a routine practice that is supported by NACI.
- Oculorespiratory syndrome (ORS) is the presence of bilateral red eyes and one or more associated respiratory symptoms (cough, wheeze, chest tightness, difficulty breathing, difficulty swallowing, hoarseness, or sore throat) that starts within 24 hours of vaccination, with or without facial oedema. ORS is not an allergic response. People who have had an occurrence or recurrence of ORS upon vaccination do not necessarily experience further episodes with future vaccinations. Individuals who have experienced ORS without lower respiratory tract symptoms may be safely revaccinated with influenza vaccine. Individuals who experienced ORS with lower respiratory tract symptoms should have an expert review. Health care providers who are unsure whether an individual previously experienced ORS versus an immunoglobulin E (IgE) mediated hypersensitivity immune response should seek advice. Data on clinically significant adverse events does not support the preference of one vaccine product over another when revaccinating those who have previously experienced ORS.

Consent for Immunization

- All immunizations in Saskatchewan are voluntary. The provincial immunization fact sheets must be made available to clients to provide their informed consent for immunization.
- English and French influenza fact sheets are posted:
<https://www.saskatchewan.ca/residents/health/accessing-health-care-services/immunization-services/immunization-forms-and-fact-sheets>
- For guidelines to obtain informed consent, refer to the [*Saskatchewan Immunization Manual, Chapter 3 Informed Consent*](#).
- Immunization providers should discuss with clients:
 - Influenza vaccine is safe and well-tolerated.
 - The benefits and risks of the influenza vaccine, as well as the risks of not being immunized.
 - Vaccination is the most effective way to prevent influenza and the spread of influenza viruses.
 - Each year there are new flu vaccine formulations to protect against the influenza virus strains that are expected in the coming influenza season. Even if the strains have not changed, getting the influenza vaccine every year is necessary to maximize protection.
- All individuals must be screened and assessed for contraindications and precautions prior to immunization.
- Post-immunization, inform individuals that they will be able to view their immunization record in [MySaskHealthRecord](#).

6. VACCINE SUPPLY, DISTRIBUTION AND INVENTORY

Allocation for Vaccine Providers

The provincial allocation plan supports vaccine providers in planning for the influenza season with a focus on early uptake in the season. The Ministry of Health will have an unallocated reserve to provide additional support to areas where significant uptake and/or need occurs. The Ministry of Health may also reallocate vaccine from the original allocations as of December 1, 2025, depending on immunization provider supply needs throughout the influenza season. Vaccine providers should connect with local public health offices to confirm the process required for acquiring vaccine in their areas.

Pharmacies:

- By completing the 2025-26 online registration survey for the Influenza Immunization Program by the deadline, pharmacies will have provided all required information for the Ministry of Health to review before they can receive the relevant publicly funded vaccines. Alternatively, pharmacies may complete the [Vaccine Provider Application Form](#) and the PHARMACY [Vaccine Storage and Handling Checklist](#) prior to the deadline. If a pharmacy is interested in participating after the deadline to register, contact the DPEBB directly at: DPEBimmunizations@health.gov.sk.ca.
- **The maximum daily order limits are:** 70 doses of standard dose and 50 doses of enhanced vaccine. **Order quantities are subject to change based on influenza vaccine availability at the wholesalers.**
- Requests for exceptions to the ordering thresholds may be considered by contacting the Saskatchewan Ministry of Health DPEBB at DPEBimmunizations@health.gov.sk.ca.
- **Pharmacies are not permitted to share/provide/receive influenza vaccine to/from other pharmacies/pharmacists or other providers such as physicians without permission from the DPEBB.**

7. VACCINE ADMINISTRATION

- Prior to vaccinating all clients, **non-public health providers** must ask each client about their immunization history before reviewing PIP and the client’s immunization record in the eHealth Viewer.

Table 2: Influenza Vaccine by Age and Dosage

Age	Vaccine	Dosage (mL)	Number of doses required per season
6 months- 8 years old	Fluzone or Fluviral	0.5 mL IM	1 or 2 *
9-64 years old	Fluzone or Fluviral	0.5 mL IM	1
≥65 years old	Fluad (Refer to public health for Fluzone High Dose if they have an allergy to a FLUAD component)	0.5 mL IM	1

- * The first time that a child 6 months to 8 years of age (<9 years old) old receives an influenza vaccine, a 2-dose schedule with doses given at least **4 weeks (28 days) apart is required.**
 - **An interval of less than 28 days is a medication administration error.**
- Standard dose TIV is available until April 30, 2026, to allow children younger than nine years who received their first dose on or prior to March 31, 2026, to receive their second dose.
- Adults 65 years and older who receive a standard dose of influenza vaccine are considered to be fully immunized for the season and do not need to be re-immunized with an enhanced influenza vaccine.

Off-site delivery of influenza vaccine by pharmacists to specific facilities must be coordinated with local public health offices in the SHA, AHA and FNJs.

- If local public health confirm that public health (or home care) services will be delivered in the site under consideration, community pharmacists are not permitted to proceed with delivery of influenza vaccine at that site unless the transfer of responsibility is agreed to by public health.
- Delivery to congregate living settings must further be coordinated with the facility by the community pharmacy.
- For further information regarding off-site influenza vaccine immunization service delivery, including contact information for local public health offices, see **Appendix 2: Community Pharmacists Delivery of Publicly Funded Influenza Vaccine.**
- **Pharmacies CANNOT provide mass influenza clinics to the public.**

8. COLD CHAIN BREAK MANAGEMENT

Appropriate storage and handling of vaccine is essential to provide safe and effective product to the public. Detailed requirements are outlined in the SIM, [Chapter 9 – Management of Biological Products](#). All exposures of influenza vaccine to temperatures outside of +2.0 to +8.0 °C, or to light **must be reported as soon as possible** and within one business day of the occurrence. Following review of the reported CCB, the Ministry of Health will provide confirmation of whether the vaccine remains viable or should be wasted by the vaccine provider.

Report all CCBs as follows:

A. Community pharmacists:

- Refer to **Appendix 4 How to Complete the Cold Chain Break Report Form.**
- Complete the fillable [Cold Chain Break Report form](#) in **Appendix 3** and fax directly to the Ministry of Health at 306-787-3237.

B. All other vaccine providers:

- Refer to **Appendix 4 How to Complete the Cold Chain Break Report Form.**
- Complete the fillable [Cold Chain Break Report form](#) in **Appendix 3** and fax directly to the SHA, AHA or FNJ local area Immunization Coordinator or designate for review (noted in **Appendix 9**).

9. INFLUENZA VACCINE WASTAGE

Ongoing Wastage Reporting for the SHA, AHA, FNJs, and Community Pharmacists:

All influenza vaccine that is wasted must be recorded on the fillable [Product Wastage Report form](#) (see **Appendix 5**) on a monthly basis and faxed **by the 5th day** of the following month to the RRPL at 306-798-0071. Wasted influenza vaccines must be disposed of locally according to regional bio-medical waste disposal policy and procedures.

Ongoing Wastage Reporting for all other Vaccine Providers:

All influenza vaccine that is wasted by other providers (e.g. physicians, nurse practitioners, other nursing offices) must be recorded on the fillable [Product Wastage Report form](#) (see **Appendix 5**) and submitted to local public health offices on a monthly basis.

Vaccine Problem Reporting for all Vaccine Providers:

If the vaccine wastage is due to a defective product, the fillable [Vaccine Supply Problem Report form](#) (see **Appendix 6**) must also accompany the [Product Wastage Report form](#) as outlined above.

End of Season Wastage Reporting for the SHA, AHA, FNJs, and Community Pharmacists:

The Ministry of Health will provide direction to the SHA, AHA, FNJs, community pharmacies and pharmacy wholesale distributors regarding the management of remaining influenza vaccine stock at the end of the influenza immunization campaign. If vaccine providers are directed to return vaccine to the PVD at the RRPL, they are responsible to ship the returned vaccine following PVD instructions.

10. ADVERSE EVENTS FOLLOWING IMMUNIZATION

- Monitoring the health and safety of those people to whom influenza vaccine is administered is paramount. In Saskatchewan, the reporting of **all** AEFIs is mandatory under *The Disease Control Regulations*.
- All immunizers **must immediately notify the Ministry of Health by fax** at 306-787-9576 report any unusual, severe, serious or unexpected adverse events assessed to be temporally related to a flu vaccine utilizing the [PHAC Report of Adverse Event Following Immunization form](#).
- **Pharmacists must inform their clients to contact them if they have an AEFI.**
- Individuals who call 811 will be referred to the appropriate provider (pharmacist, physician, public health) for AEFI reporting.
- Non-public health vaccine providers must fax this form to their SHA, AHA or FNJ local public health office as noted in **Appendix 7: Adverse Events Following Immunization (AEFI) for Publicly Funded Influenza Vaccine** for review by a MHO, as only an MHO is qualified to make recommendations following a reported client AEFI.
- MHO recommendations will guide future influenza immunizations for the client. These recommendations will be communicated to the client by the reporter or other designates (e.g., the vaccine provider) as noted in **Appendix 7: Adverse Events Following Immunization (AEFI) for Publicly Funded Influenza Vaccine**.
- **Public health must:**
 - Document the AEFI into the client's Panorama immunization record as a client warning and in the comments section under the immunization event (refer to SIM [Chapter 4](#) Appendix 4.2 *Where do I document?*). The AEFI comments are flagged in CQE.
 - Upload the AEFI report into the client's Panorama immunization record.
- Refer to the SIM [Chapter 11](#) Appendix 11.4 for directives on submitting AEFI reports for privately purchased vaccines.
- Vaccine providers must report influenza vaccine AEFIs from previous seasons that are reported by a client upon presentation for vaccine this season. Administration of the current season's influenza vaccine should be delayed until receipt of the MHO recommendations.

11. RECORDING REQUIREMENTS - CLIENT RECORD DOCUMENTATION

- Refer to **Table 3: Summary of Documentation Requirement by Client Age and Vaccine Provider**

A. Community Pharmacies:

- Influenza vaccine administration to clients (all ages) with valid SK health cards must be entered into the PIP at point of service AND submitted to the Drug Plan and Extended Benefits Branch.
- Clients without valid SK health cards should be referred to Public Health for immunization. However, complete and submit a [Notice of Influenza Vaccine Administration](#) form within 1 day (**Appendix 8**); if they are immunized by a pharmacist.

B. Public Health:

- Influenza vaccine administration to clients (all ages) must be entered into the client's Panorama record at point of service or within 1 business day.
- For historical entry into Panorama, refer to **Appendix 11** to review the historical entry standard work. At minimum, the client's name, date of birth and agent must be entered (see **Table 3** for summary).
- When possible, document all applicable client risk factors into Panorama when this platform is used (N/A for CQE).

C. All Other Immunizers

- Influenza vaccine administration to clients (all ages) must be documented within 2 days:
 - Into their client record within Panorama, Convergence or CQE (as applicable), and
 - Into the client's record maintained by the provider
 - The [Notification of Influenza Vaccine Administration](#) form (see **Appendix 8**) must be completed by the provider within one business day of administering the vaccine (see **Appendix 9**).
 - Immunizers are to complete either the [Notification of Influenza Vaccine Administration](#) form, the [Standard Dose Influenza Registration Form](#) or the [Enhanced Influenza Registration Form](#) and submit it to panoramareportimms@health.gov.sk.ca.

Table 3: Summary of Documentation Requirement by Client Type and Vaccine Provider

Client type *	SHA/AHA/FNJ PH	Community Pharmacist	All other Non-Public Health providers
6 months to 59 months	<ul style="list-style-type: none"> • Consent form/line lists if not using POS entry 	<ul style="list-style-type: none"> • N/A 	<ul style="list-style-type: none"> • Client record maintained by provider and/or Consent form/lists
5+ years	<ul style="list-style-type: none"> • Entered into Panorama at POS or within 1 business day • Record of <i>Influenza Immunization</i> Wallet Card may be provided to client if requested. • Document all applicable client RFs in Panorama when this platform is used (N/A to CQE). 	<ul style="list-style-type: none"> • Recorded in PIP at POS • Submit information to DPEBB • Consent form • Record of <i>Influenza Immunization</i> Wallet Card may be provided to client if requested. 	<ul style="list-style-type: none"> • Complete either the Notification of Influenza Vaccine Administration form, the Standard Dose Influenza Registration Form or the Enhanced Influenza Registration Form and submit it to panoramareportimms@health.gov.sk.ca within 2 business days. • Back entered by Ministry of Health into Panorama within 5 business days • Record of <i>Influenza Immunization</i> Wallet Card may be provided to client if requested.
PCH residents	<ul style="list-style-type: none"> • Consent form/line lists • Enter into Panorama at POS or within 1 business day. • Record of <i>Influenza Immunization</i> Wallet Card provided to client if requested. 		
Clients without valid SK health cards		<ul style="list-style-type: none"> • Refer to Public Health for immunization 	

REPORTING REQUIREMENTS - ADMINISTRATION STATISTICS

- SHA, AHA, and FNJs must submit the number of HCWs immunized (by March 31, 2026) and the number of HCWs in the organization (as of March 31, 2026) to the Ministry by **May 8, 2026**, to the following email address: PopHealth@health.gov.sk.ca with the subject line: **The SHA, AHA or FNJ name – Influenza Stats.**
 - **Immunization statistics not submitted on time will be recorded as data not submitted.** (Refer to **Appendix 10: Data Collection and Submission Processes for SHA, AHA and FNJs**)
- HCW immunization are to be entered at point of service if available or back entered by Public Health using the *Notification of Influenza Vaccine Administration* form (**Appendix 8**).
- Other administration data will be extracted by the MoH from Panorama or CQE.
- Immunizations provided in PCHs by any immunizer shall be entered at point of service or documented within one business day into Panorama.
- Immunizations provided in LTC facilities by staff nurses or PHNs must be entered at point of service or documented within one business day into **Convergence**.
- FNJs not using Panorama are required to document into CQE.
- The MoH will collect vaccine administration data including PCH data, from community pharmacists via the DPEBB claims system except for all other individuals, which will be collected via Panorama.

12. CHARGES/BILLING

To administer influenza vaccines as part of the SIIP, any immunizer or their employer:

- Must not charge a client who has a valid HSN for the administration of the publicly funded influenza vaccine, or for the vaccine itself; and
- Persons without a valid HSN, who are from out of province, or who are from out of country, **should be directed to a public health immunization clinic for publicly funded influenza vaccine, not to pharmacies or physician offices.** (*Not applicable to occupational health immunizations*)
- See **Appendix 9: SHA, AHA, and FNJ Public Health Office Contact Information for Notification and AEFI Report Submission** for support in locating a public health office.

13. COMMUNICATIONS

- The DPEBB is responsible to issue communication to provincial pharmacies.
- The Saskatchewan Ministry of Health's Communications Branch coordinates with AHA/SHA communications staff to develop consistent public messaging, including eligibility criteria, risk groups, and approaches.
- For provincial media interviews, Saskatchewan's CMHO/Deputy CMHO and the SHA, AHA and FNJs' MHOs are the main spokespersons.
- AHA/SHA/FNJs will ensure clinic details are posted online at the <http://www.4flu.ca> website.
- The Influenza Vaccine English and French fact sheets and related documents will be posted on the Ministry website at <https://www.saskatchewan.ca/residents/health/accessing-health-care-services/immunization-services/immunization-forms-and-fact-sheets>.

APPENDICES

Appendix 1: 2025-26 Publicly Funded Influenza Vaccines

	FLUAD (Seqirus) TIV virion	Fluviral (GSK) TIV split virion	FLUZONE® (SP) TIV split virion	FLUZONE® High Dose (SP) TIV split virion
Population	Adults ≥ 65 yrs	Everyone ≥ 6 months	Everyone ≥ 6 months	Adults ≥ 65 yrs
Dose	0.5 mL IM	0.5 mL IM	0.5 mL IM	0.5 mL IM
Components	MF59C.1 adjuvant, citric acid, polysorbate 80, sodium citrate, sorbitan trioleate, squalene, water for injection, calcium chloride dehydrate, disodium phosphate dehydrate, magnesium chloride hexahydrate, potassium chloride, potassium dihydrogen phosphate, sodium chloride and trace amounts of cetyltrimethylammonium bromide (CTAB) (residual), formaldehyde (residual), hydrocortisone (trace), kanamycin (trace), neomycin (trace) and ovalbumin (egg protein, residual). Latexfree.	Sodium chloride, potassium chloride, disodium hydrogen phosphate heptahydrate, potassium dihydrogen phosphate, water for injection, α-tocopheryl hydrogen succinate, polysorbate 80 and may contain residual amounts of egg proteins (ovalbumin), sodium deoxycholate, ethanol, formaldehyde and sucrose from the manufacturing process. Latex and antibiotic free.	Sodium chloride, sodium phosphate (dibasic anhydrous), sodium phosphate (monobasic anhydrous), water for injection, and traces of ovalbumin (egg protein), formaldehyde, sucrose and Triton® X-100. Latex and antibiotic free.	Sodium chloride, sodium phosphate (dibasic anhydrous), sodium phosphate (monobasic anhydrous), water for injection, and traces of ovalbumin (egg protein), formaldehyde, sucrose and Triton® X-100. Latex, gelatin and antibiotic free.
Preservative	<ul style="list-style-type: none"> No preservatives 	<ul style="list-style-type: none"> Thimerosal in multidose vials. 	<ul style="list-style-type: none"> No preservatives in pre-filled syringes 	<ul style="list-style-type: none"> No preservatives
Common & Expected Reactions Mild to moderate reactions generally last 1-4 days.	<ul style="list-style-type: none"> Injection site pain and warmth, redness and swelling. Headache, fatigue, malaise, myalgia. Allergic-type responses, such as urticarial rash, allergic bronchospasm, or systemic anaphylaxis uncommonly or rarely occurred in clinical trials. Anaphylaxis reported in rare post-marketing cases. 	<ul style="list-style-type: none"> Adults - Injection site pain (32%), headache (16%), fatigue (16%), myalgia (15%) and arthralgia. Children – Injection site pain (53%), irritability (21%), appetite loss (19%) and drowsiness (14%), myalgia, headaches and fatigue. 	<ul style="list-style-type: none"> Adults – injection site pain, erythema and induration; headache, myalgia, malaise, nausea, vomiting, diarrhea. Children - injection site pain, erythema and induration; fever, irritability, crying, lethargy, decreased appetite. 	<ul style="list-style-type: none"> Injection site pain, erythema and swelling; myalgia, malaise, headache and fever.
Presentation	<ul style="list-style-type: none"> 0.5 mL prefilled syringes 	<ul style="list-style-type: none"> 5 mL multidose vial containing 10 doses of 0.5 mL 	<ul style="list-style-type: none"> 0.5 mL prefilled syringes (thimerosal free) 	<ul style="list-style-type: none"> 0.5 mL prefilled syringes
Contra-indications	<ul style="list-style-type: none"> Infants less than 6 months of age Persons with a history of a severe allergic or anaphylactic reaction to a previous influenza vaccine dose or any component of an influenza vaccine should discuss their situation with a Public Health Nurse (PHN) or their primary care provider. Persons who developed GBS within 6 weeks of a previous influenza vaccine. 			
Instructions for Administration	<ul style="list-style-type: none"> Nothing specific for this vaccine. 	<ul style="list-style-type: none"> The MDV vial must be used within 28 days from removal of the first dose, and between uses, should be returned to the recommended storage conditions between 2°C and 8°C. To get 10 doses out of a vial, GSK recommends that each 0.5 mL dose is withdrawn into a 1 mL syringe equipped with a needle gauge not larger than a 23G. 	<ul style="list-style-type: none"> 	<ul style="list-style-type: none"> Nothing specific for this vaccine.
Special Instructions –	<ul style="list-style-type: none"> Gently shake pre-filled syringes or vials before administration Check for particulates MDV must be contained in the box before and after withdrawing a dose from the MDV. Date vials when opened. Store at 2°C-8°C. Do not freeze or use if vaccine has been frozen. Protect from light. Pre-drawing is not recommended. The Ministry recommends that vaccines be administered directly from the fridge or cooler and not warmed to room temperature prior to administration. 			

Appendix 2: Community Pharmacists Delivery of Publicly Funded Influenza Vaccine*

Population or Location	Eligible to Bill DPEBB	Requires Coordination with Public Health	Procedure/Notes
Home Visits	YES	YES	Contact public health representative (See Appendix 9: SHA, AHA, and FNJ Public Health Office contact information for Notification and AEFI Report Submission). If public health (or home care) is not providing service in the home, the pharmacy is permitted to contact the client.
Residents of Congregate Living Settings, PCHs and shelter facilities where public health or other health practitioners are not providing ongoing service.	YES	YES	Contact public health representative (See Appendix 9: SHA, AHA, and FNJ Public Health Office contact information for Notification and AEFI Report Submission). If public health is not providing service in the Facility, the pharmacy is permitted to contact the Facility to inquire into providing service.
Clinics in malls, other spaces Individuals five years and older	YES	NO	For planning purposes, pharmacists should be aware of public health clinic dates in their community.

***NOTE:** Delivery to congregate living settings and home visits by pharmacists is intended to address barriers to influenza immunization for target populations (e.g., frail seniors, immobile persons) and must be coordinated with local public health offices in the SHA, AHA and FNJs every year.

Appendix 3: [Cold Chain Break Report Form](#)
(2 pages)



Cold Chain Break Report Form

COVID-19 vaccines: fax to the Ministry of Health at 306-787-3237
 Publicly funded vaccines: fax to the regional immunization supervisor
 Pharmacists: fax to the Ministry of Health at 306-787-3237

Complete for all publicly funded products. Do not assume that vaccines must be wasted.

Ensure report is completed in full. If pertinent information is missing, report will be returned for completion.

Section 1	Date of Break: <u>(yyyy-mm-dd)</u> Date of Report: <u>(yyyy-mm-dd)</u> Reporter Name: _____ Telephone Number: _____ Fax Number: _____ Reporter Email Address: _____ Organization (SHA Network, FNJ, AHA, Pharmacy) Location (Community) Facility Name _____ Facility type: <input type="checkbox"/> Public Health <input type="checkbox"/> Pharmacy <input type="checkbox"/> Physician office <input type="checkbox"/> Primary Health Care <input type="checkbox"/> Long-Term Care <input type="checkbox"/> Acute Care <input type="checkbox"/> Employee Health Are products Quarantined & Labeled DO NOT USE and stored on cold chain? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(attach explanation if no)</i>
	Check box for type of break and complete corresponding information:
	<input type="checkbox"/> Vaccine left out of fridge/freezer: <input type="checkbox"/> in cooler with cold packs <input type="checkbox"/> in cooler with no cold packs <input type="checkbox"/> in package on counter <input type="checkbox"/> out of package on counter Vaccine returned to storage within required temperature range on: (date) _____ at (time) _____ Maximum length of time outside required temperature range: _____ Room temperature at time of break: _____ °C on (date) _____ at (time) _____
Section 2	<input type="checkbox"/> Fridge/freezer temperature excursion: Fridge/freezer temperature when break identified _____ °C on (date) _____ at (time) _____ Max. temp recorded during break interval _____ °C Min. temp recorded during break interval _____ °C Vaccine returned to storage within required temperature range on (date) _____ at (time) _____ Maximum length of time outside required temperature range: _____ Last fridge temperature record before the break _____ °C on (date) _____ at (time) _____ Room temperature before the break _____ °C on (date) _____ at (time) _____ Is temperature log being submitted? <input type="checkbox"/> Yes <input type="checkbox"/> No If No, indicate why: _____ Refrigerator/freezer type: <input type="checkbox"/> Lab Fridge <input type="checkbox"/> Biological Fridge <input type="checkbox"/> Domestic Fridge <input type="checkbox"/> Bar Fridge <input type="checkbox"/> ULT Freezer <input type="checkbox"/> Freezer <input type="checkbox"/> Thermal Shipper <input type="checkbox"/> Other _____ Date last serviced: _____ Thermometer/Monitor Type (Not Brand Name): <input type="checkbox"/> Digital Min/Max <input type="checkbox"/> Smart Button/Data Logger <input type="checkbox"/> Warm/Cold Mark <input type="checkbox"/> Chart/Wheel Recorder <input type="checkbox"/> Not Monitored <input type="checkbox"/> Other _____
	<input type="checkbox"/> Break during transportation Transportation category: <input type="checkbox"/> from RRPL to a facility <input type="checkbox"/> from a wholesaler to a pharmacy <input type="checkbox"/> from a facility to a facility Vehicle type (e.g. car/courier) _____ Time delivery received: _____ Time when unpacked: _____ Was there a data logger included in the cooler/container? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, is it being sent back to RRPL (or if COVID-19 vaccine, to the manufacturer)? <input type="checkbox"/> Yes <input type="checkbox"/> No Was there a warm/cold marker in cooler? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, was it activated? <input type="checkbox"/> Yes <input type="checkbox"/> No Reading: _____
	Description of break: _____ _____ Cause of cold chain break: <input type="checkbox"/> Human error <input type="checkbox"/> Power outage <input type="checkbox"/> Backup generator failed <input type="checkbox"/> Thermometer malfunction <input type="checkbox"/> Refrigerator malfunction <input type="checkbox"/> Other: _____ Corrective action details and additional comments: _____ _____ Were any affected products administered to clients? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, indicate the date the local Medical Health Officer was notified: _____ If yes, identify these products with an asterisk* on page 2 or use a separate page if necessary.

Appendix 4: How to Complete the Cold Chain Break Report

How to Complete the Cold Chain Break Report Form

Section 1

Complete all components of this section. The Reporter is the person who discovered the cold chain break or is responsible for reporting the cold chain break. **Their contact information including email address is required to facilitate follow-up.**

Section 2

There are four categories in this section. The Reporter **only** needs to **fill out the one category** that is most applicable to the cold chain break:

1. **Vaccine left out of fridge** – in cooler, box, on counter, etc.
2. **Fridge temperature excursion** – when fridge thermometer indicates temperatures outside of cold chain maintenance (2 to 8°C).
3. **Break during transportation** – Temperature indicator card and/or data logger indicates break in cold chain during transport from one facility to another (includes vaccine from RRPL, intra-regional transport and transport between wholesalers and pharmacies).
4. **Other situation** – any situation not covered in the three scenarios above. Include as much information about the situation including time, temperature and cause.

All products must be immediately quarantined when involved in a cold chain break.

****Data loggers** that are in the coolers of vaccine found to be in a cold chain break should be sent to RRPL ASAP and marked with the name of the former Regional Health Authority, AHA or FNJ; facility; date of cold chain break and contact person. The data logger should then be put in an envelope and placed back in the cooler to be sent to **Roy Romanow Provincial Laboratory at 5 Research Drive, Regina SK S4S 0A4** **NOTE:** This does not apply to vaccines sent from wholesalers to community pharmacies.

Section 3

- **Description of Break:** Provide as much detail as possible regarding the cold chain break including how and why the break occurred.
- **Cause of cold chain break:** Please check off the cause that is most applicable. Provide details of the corrective action or plan.
- **Have any affected products been administered to clients?** Please check off yes or no, and answer subsequent questions as appropriate.

Section 4 (Page 2)

- Document all vaccine information clearly using one line per lot number. List open vial vaccines on separate lines even if lot number is the same. Use appropriate vaccine and manufacturer abbreviations.
- Circle the applicable answer for “open multidose vial” and “previous cold chain break.”
- Page 2 will be emailed back to the SHA, AHA or FNJ Immunization Supervisor/ Designate or Community Pharmacist indicating whether the vaccine is:
 - Viable – usable – maintain in cold chain and use as soon as possible; **OR**
 - Discard – not to be used. Discard as per organizational policy.

NOTE: The Ministry of Health will email recommendations to the Immunization Supervisor/Designate or reporting Community Pharmacy as appropriate.

Appendix 5: [Product Wastage Report Form](#)

PRODUCT WASTAGE REPORT FORM

FOR COVID-19 VACCINES: FAX THE COMPLETED REPORT TO THE MINISTRY OF HEALTH AT 306-787-3237

For other publicly funded products: fax or mail this completed report to the

Roy Romanow Provincial Laboratory Provincial Vaccine Depot

5 Research Drive, Regina SK S4S 0A4

FAX: 306-798-0071

DO NOT REPORT COLD CHAIN BREAK WASTAGE ON THIS FORM.

USE FOR ALL PRODUCTS including vaccines, Tubersol™, Tlg, Ig, Rablg, benzathine penicillin (Bicillin).
Diluents do not need to be reported.

Specify Organization (SHA Network Number, NITHA, ISC, AHA, Pharmacy): _____

Location (Community): _____

Facility Name: _____

Facility type: (reporter must check one):

Public Health Pharmacy Physician office Primary Health Care Long-Term Care Acute Care

Employee Health Other _____

Date of wastage: _____ YYYY/MM/DD

Complete all fields in these columns					Indicate only 1 reason for wastage		
Product Name, Formulation & Manufacturer	Lot Number	Expiry date YYYY/MM/DD	# of Doses ¹	Open or Closed Vial? <input type="checkbox"/> Open <input type="checkbox"/> Closed	Not Administered ²	EXPIRED	Defective or damaged ³
				<input type="checkbox"/> Open <input type="checkbox"/> Closed			
				<input type="checkbox"/> Open <input type="checkbox"/> Closed			
				<input type="checkbox"/> Open <input type="checkbox"/> Closed			
				<input type="checkbox"/> Open <input type="checkbox"/> Closed			
				<input type="checkbox"/> Open <input type="checkbox"/> Closed			
				<input type="checkbox"/> Open <input type="checkbox"/> Closed			
				<input type="checkbox"/> Open <input type="checkbox"/> Closed			
				<input type="checkbox"/> Open <input type="checkbox"/> Closed			
				<input type="checkbox"/> Open <input type="checkbox"/> Closed			

¹ For Moderna SPIKEVAX® vials - reflect the wasted doses based on 5 doses per vial.

² This reason includes when thawed open (punctured) and closed (un-punctured) vials COVID-19 vaccine is not used within stability timeframe for (e.g. Pfizer vaccine stored in fridge longer than 10 weeks).

³ **Note:** Vaccine Problem Report must also be submitted.

Reporter Name (Print): _____

Phone No: _____ Email: _____

Appendix 6: [Vaccine Supply Problem Report](#)
(Page 1 of 2 pages)

PUBLICLY FUNDED VACCINE PROBLEM REPORT

Fax or mail this completed report to the Saskatchewan Ministry of Health
 MAIL: PHN Consultant - Immunization
 Saskatchewan Ministry of Health
 1st Floor, 3475 Albert Street, Regina SK S4S 6X6
 FAX: 306-787-3237

Instructions

- **Complete all applicable sections on page 1 and 2**
- **Please attach or fax a Vaccine Wastage Report for this product**
EXCEPTION: A Wastage Report is **not** required when reporting less than full number of doses in a COVID-19 vaccine vial.
- A Vaccine Problem Report is to be completed when there is defective or damaged product. **Please include a picture whenever possible.**
- Not all Vaccine Wastage Reports will require a Vaccine Problem Report.

Check Yes or No as applicable:

Wastage Report **Attached** Yes N **OR**

(Non-COVID-19 Vaccines ONLY): Wastage Report Faxed to RRPL Y N

1. Reporter name (print): _____
2. Jurisdiction/Region: _____
3. Is product (without needle attached) being returned with this report? Yes No
4. Date the incident occurred: YYYY/MM/DD
5. Vaccine brand name: _____
6. Manufacturer name: _____
7. Lot number(s): _____
8. Number of doses affected: _____
9. Problem/Issue Type:

<input type="checkbox"/>	Dull or missing needle
<input type="checkbox"/>	Needle separated from syringe during administration
<input type="checkbox"/>	Contents cloudy
<input type="checkbox"/>	Contents contains particles
<input type="checkbox"/>	Illegible label or lot number
<input type="checkbox"/>	Label missing
<input type="checkbox"/>	Other –

Details of the problem-issue, including any visible colour or consistency observations in the volume. **For needle/syringe issues (ex. leakage), indicate the brand and size of each.**

Revised Dec 20, 2021
 Date received at MOH _____
 MoH Reference # _____



Appendix 6: Vaccine Supply Problem Report
(Page 2 of 2 pages)

PUBLICLY FUNDED VACCINE PROBLEM REPORT

Fax or mail this completed report to the Saskatchewan Ministry of Health
MAIL: PHN Consultant - Immunization
Saskatchewan Ministry of Health
1st Floor, 3475 Albert Street, Regina SK S4S 6X6
FAX: 306-787-3237

10. COVID-19 Vaccines- Drawing less than the full number of doses

NOTE: One less dose does not need to be reported for Pfizer 12+ vaccine or Moderna vaccine.

- a. How many vials were affected? _____
- b. How many doses were obtained from the vial(s)? _____
- c. Syringe Type:
 - Administration: Low dead space (LDS) 1mL Non-LDS 1mL 3mL
Brand: _____
 - Reconstitution (if applicable): LDS 1mL Non-LDS 1mL 3mL
Brand: _____
- d. Needle Type:
 - Administration: 25G 1" 25G 1.5" Other: _____
Brand: _____
 - Reconstitution (if applicable): 21G 1" 21G 1.5" Other: _____
Brand: _____
- e. Was the vial inspected prior to reconstitution/administration? Yes No

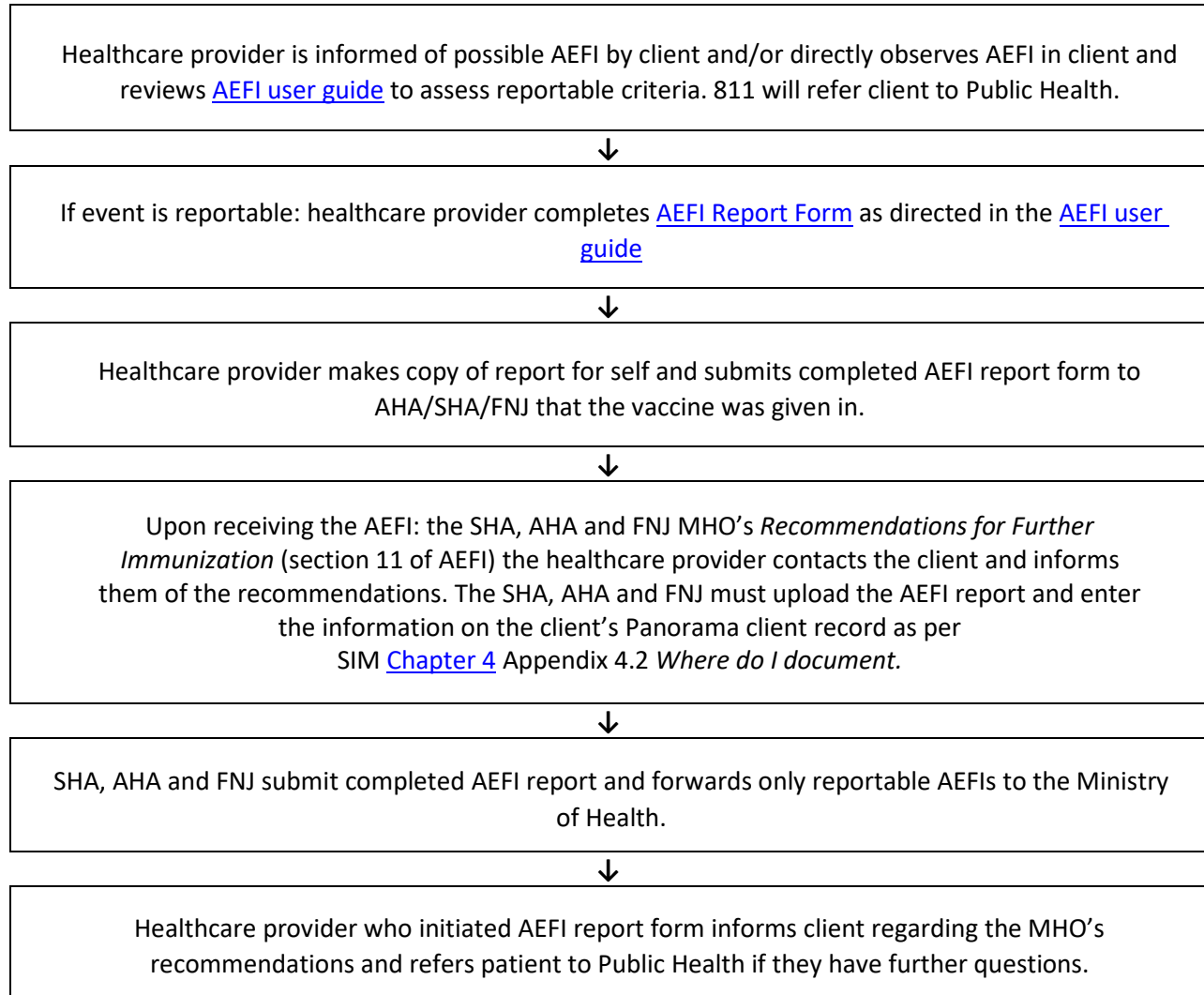
11. Name and contact information for further follow up:

Please indicate if contact information can be provided to the Manufacturer for their direct follow-up: Yes No

Revised Dec 20, 2021
Date received at MOH _____
MoH Reference # _____



Appendix 7: Reporting Adverse Events Following Immunization (AEFI) for Publicly Funded Vaccines



Refer to SIM [Chapter 11](#) AEFIs to report AEFIs for non-publicly funded vaccines.

Appendix 8: Influenza Form Links

[Enhanced Influenza Registration Form](#) (for 65+ years only)

[Standard Dose Influenza Registration Form](#) (all ages for standard dose influenza vaccine)

[Notification of Influenza Vaccine Administration](#) (for all ages)

**Appendix 9: SHA, AHA, and FNJ Public Health Office Contact Information for Cold Chain Break
Notification and AEFI Report Submission**

ATHABASCA HEALTH AUTHORITY

Box 124
BLACK LAKE SK S0J 0H0 Tel: 306-439-2200
Fax: 306-439-2212

Former CYPRESS HEALTH REGION (SHA)

#400 - 350 Cheadle Street West
SWIFT CURRENT SK S9H 4G3
Tel: 306-778-5253
Fax: 306-778-5282

FIRST NATIONS & INUIT HEALTH BRANCH

Indigenous Services Division 6th floor,
1783 Hamilton Street
REGINA SK S4P 2B6
Tel: 306-564-9202
Fax: 306-780-8826

Former FIVE HILLS HEALTH REGION (SHA)

1000B Albert Street
Moose Jaw , SK S6H2Y1
Tel: 306-691-2318
Fax: 306-691-2331

Former HEARTLAND HEALTH REGION (SHA)

Box 1300
ROSETOWN SK S0L 2V0
Tel: 306-882-2672 Extension 2293
Fax: 306-882-4683

**Former KEEWATIN YATTHÉ HEALTH REGION
(SHA)**

Box 40
BUFFALO NARROWS SK S0M 0J0
Tel: 306-235-2220
Fax: 306-235-4604

Former KELSEY TRAIL HEALTH REGION (SHA)

Box 727
MELFORT SK S0E 1A0
Tel: 306-752-6310
Fax: 306-752-6353

**Former MAMAWETAN CHURCHILL RIVER HEALTH
REGION (SHA)**

La Ronge Health Centre
227 Backlund Street
P.O. Box 6000
LA RONGE SK S0J 3G0
Phone: 306-425-2422
Confidential Fax: 306-425-8530

NORTHERN INTERTRIBAL HEALTH AUTHORITY

Box 787
PRINCE ALBERT SK S6V 5S4
Tel: 306-953-5000
Fax: 306-922-5020

Former PRAIRIE NORTH HEALTH REGION (SHA)

11427 Railway Ave., Suite 101
NORTH BATTLEFORD SK S9A 1E9
Tel: 306-446-6403
Fax: 306-446-7378

**Former PRINCE ALBERT PARKLAND HEALTH
REGION (SHA)**

2nd Floor L.F. McIntosh Mall 800 Central Avenue
Box 3003
PRINCE ALBERT SK S6V 6G1
Tel: 306-765-6521
Fax: 306-765-6536

**Former REGINA QU'APPELLE HEALTH REGION
(SHA)**

Population and Public Health Services
2110 Hamilton Street
REGINA SK S4P 2E3
Tel: 306-766-7902
Notification forms Fax: 306-766-7906
AEFI questions Fax: 306-766-7607

Former SASKATOON HEALTH REGION (SHA)

Public Health Services
#101 - 310 Idylwyld Drive North
SASKATOON SK S7L 0Z2
Tel: 306-655-4615
Fax: 306-655-4711 for cold chain breaks
Fax: 306-655-4893 for AEFIs

Former SUN COUNTRY HEALTH REGION (SHA)

900 Saskatchewan Drive
Box 2003
WEYBURN SK S4H 2Z9
Flu Clinic Contact: 306-842-8621
Tel: 306-842-8699
Fax: 306-842-8638

Former SUNRISE HEALTH REGION (SHA)

150 Independent Street
YORKTON SK S3N 0S7
Tel: 306-786-0600
Fax: 306-786-0620

Appendix 10: Data Collection and Submission Processes for SHA, AHA, AND FNJs

Public health is responsible for entering immunizations given by public health into the provincial immunization registry and/or submitting influenza vaccine administration data to the Ministry of Health for both public health and non-public health providers that they have provided vaccine to.

Table 1: Data collection expectations by reporting frequency

Provider	Collection, for	Submission, by age		Reporting Frequency
		SHA, AHA	FNJ	
SHA OH&S/ Employee Health	HCW	<u>1 age group</u> <ul style="list-style-type: none"> All HCWs regardless of age 	<u>1 age group</u> <ul style="list-style-type: none"> All HCWs regardless of age 	<i>1 submission</i> ¹ <ul style="list-style-type: none"> #s immunized as of March 31, 2025 Total number of HCWs as of March 31, 2025

¹ HCWs are those employed by SHA, AHA and FNJ facilities or affiliated facilities and do not include volunteers, health science students or physicians. Total number of HCWs for the SHA, AHA and FNJ is used to calculate coverage.

Email the HCW administered numbers and the denominators by zone by May 8, 2026, to:
PopHealth@health.gov.sk.ca with the subject line: *(the SHA zone, AHA or FNJ name)*.

Appendix 11: Recording Historical Immunizations in Panorama - Influenza

Panorama – Immunization Module WORK STANDARD	Name of Activity - Recording Historical Immunizations – Influenza		
	Role Performing Activity: - Authorized Panorama User		
	Location: SIIP		Department: PHB
	Document Owner: Ministry of Health		
	Date Prepared: September 2018	Last Revision: August 2024	Date Approved: 27 Oct 2020

Purpose: To ensure that client immunization records are accurate, up-to-date and to ensure patient safety. Information sources include hard copy records (e.g., wallet cards), and notification forms/records from non-public health service providers.

Refer to Panorama Policy - Recording Historical Immunization

<https://www.ehealthsask.ca/services/panorama/Immunization%20Library/Recording%20Historical%20Immunizations%20Panorama.pdf>.

Essential Tasks:	
1	Ensure the “Immunization Defaults” for “Apply Defaults to Historical Immunizations” are set to “No”.
2	Search for the client using the appropriate Client Search variables and set client into context. If required, refer to Panorama Work Standard – Reviewing and Updating Client Demographics in Panorama https://www.ehealthsask.ca/services/Manuals/Documents/SHA%20-%20WS-Reviewing-and-Updating-Client-Demographics-with-details.pdf .
3	In the client’s Immunization Profile , click on Add Single Immunization and select Add Historical to enable documentation. <i>Note: vaccines recorded as ‘Historical’ will not decrement inventory.</i>
4	Document the <u>minimum required</u> information for publicly or non-publicly funded influenza vaccines: <ul style="list-style-type: none"> • Agent (e.g., Inf or InfHD) *required* • Date Administered – YYYY/MM/DD *required* • Reason for Immunization – not required • Information Source – not required • Provider - refer to # 5 below when entering a Provider – not required • Verification Status – defaults to “Not Requested” • Organization - should default to blank – not required • Service Delivery Location - - should default to blank – not required • Consent directives are not required to be entered as per Panorama Policy <i>Recording Historical Immunizations</i>. <ul style="list-style-type: none"> ➤ It is recommended to enter a consent directive in situations where it is provider recorded and the information needed to enter the consent directive such as parent name is available.
5	Document Only If Provided on Original Notification Form: <ul style="list-style-type: none"> • The lot # is not required to enter a historical vaccination, however it is recommended to document in the comments box when known for patient safety reasons (i.e., an adverse event following immunization occurs; a vaccine recall). • When the Lot # is “inventoried” in Panorama, then add the lot number by selecting it from the drop down. • Once selected, ensure the <i>auto-populated</i> dosage, dosage unit of measurement (UOM), Trade Name, Manufacturer and Route are correct. If the lot number provided is not in the drop down, record it in the comment section as per #6 below. • Injection site - The Site is not a required field but should be entered if known.

<p>6</p>	<p>Document the Provider type in the drop down list by using the type ahead feature in the provider field: Type in “Provider” and the following list will be displayed:</p> <table border="1" data-bbox="277 233 1081 657"> <tr><td>Provider, Licensed Practical Nurse, Licensed Practical Nurse</td></tr> <tr><td>Provider, Other, Other</td></tr> <tr><td>Provider, Pharmacist, Pharmacist</td></tr> <tr><td>Provider, PHC Paramedic, Other</td></tr> <tr><td>Provider, PHC Registered Nurse, Registered Nurse</td></tr> <tr><td>Provider, PHC Respiratory Therapist, Other</td></tr> <tr><td>Provider, Physician, Physician</td></tr> <tr><td>Provider, Public Health Nurse, Public Health Nurse</td></tr> <tr><td>Provider, Registered Nurse, Registered Nurse</td></tr> <tr><td>Provider, Registered Nurse Practitioner, Registered Nurse Practitioner</td></tr> <tr><td>Provider, Registered Psychiatric Nurse, Registered Psychiatric Nurse</td></tr> </table> <p>If the Provider type is not listed in the dropdown list (e.g., Physician Assistant) or is unknown, use Provider Other, Other. If the provider name is listed, ensure this is documented.</p>	Provider , Licensed Practical Nurse, Licensed Practical Nurse	Provider , Other, Other	Provider , Pharmacist, Pharmacist	Provider , PHC Paramedic, Other	Provider , PHC Registered Nurse, Registered Nurse	Provider , PHC Respiratory Therapist, Other	Provider , Physician, Physician	Provider , Public Health Nurse, Public Health Nurse	Provider , Registered Nurse, Registered Nurse	Provider , Registered Nurse Practitioner, Registered Nurse Practitioner	Provider , Registered Psychiatric Nurse, Registered Psychiatric Nurse
Provider , Licensed Practical Nurse, Licensed Practical Nurse												
Provider , Other, Other												
Provider , Pharmacist, Pharmacist												
Provider , PHC Paramedic, Other												
Provider , PHC Registered Nurse, Registered Nurse												
Provider , PHC Respiratory Therapist, Other												
Provider , Physician, Physician												
Provider , Public Health Nurse, Public Health Nurse												
Provider , Registered Nurse, Registered Nurse												
Provider , Registered Nurse Practitioner, Registered Nurse Practitioner												
Provider , Registered Psychiatric Nurse, Registered Psychiatric Nurse												
<p>7</p>	<p>Document any additional information (i.e. Name of pharmacy/physician’s office, and vaccine brand name by clicking the Add button under Comment and entering the information. Click Apply to add the comment.</p>											
<p>8</p>	<p>Click Apply at the top of ‘add immunization’ box, and then click Save at the top of page.</p>											